

Application for Employment

Position You Are Applying For: _____

Desired Salary _____

Preferred Shift: Morning Daytime Night

Date Available for Work: _____

PERSONAL INFORMATION

Last Name	First Name	Middle
Address	City	State Zip
Home Phone: _____	Cell Phone: _____	Email address: _____
Social Security Number: _____	Date of Birth _____	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If selected for employment, are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If selected for employment, would you be willing to be a driver for work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DAYS & HOURS AVAILABLE TO WORK

Day	Times	Day	Times
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		<input type="checkbox"/> I have no specific preference for my availability to work.	

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

EMPLOYMENT HISTORY

Employer: _____	Dates Employed: _____
Work Phone: _____	Pay Rate: \$ _____ to _____
Address: _____	
City: _____	State: _____ Zip: _____
Position: _____	
Duties Performed: _____	
Supervisors Name and Title: _____	
Reason for leaving: _____	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Employer:	_____	Dates Employed:	_____
Work Phone:	_____	Pay Rate: \$	_____ to _____
Address:	_____		
City:	_____	State:	_____ Zip: _____
Position:	_____		
Duties Performed:	_____		
Supervisors Name and Title:	_____		
Reason for leaving:	_____		
May we contact them?	[] Yes [] No		

REFERENCES

Name	Title	Company	Phone

Acknowledgement and Authorization

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date